CONTRACT #21 RFS # 318.66-030

Department of F&A
Bureau of TennCare

VENDOR:
Memphis Managed Care
Corporation (TLC)

REQUEST: NON-COMPETITIVE AMENDMENT

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JUN 0 9 2006

FISCAL REVIEW

APPROVED	
Commissioner of Finance & Administration	,
Date:	

A REQUEST CAN NOT B	s below indicates specific infor E CONSIDERED IF INFORMATI CH OF THE REQUIREMENTS IN	ON PROVIDED	ust be individually detailed or addressed <u>as required.</u> IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT AS REQUIRED.				
RFS# 318.66-0	30						
STATE AGENCY NAME:	Department of Finance and A	Administration	, Bureau of TennCare				
SERVICE CAPTION:	Managed Care Organization TennCare/Medicaid Populati		lically Necessary Health Care Services to the				
CONTRACT#	FA-02-14861-00 PROPOSED AMENDMENT # 11						
CONTRACTOR:	Memhis Managed Care Corp	poration (TLC))				
CONTRACT START DATE		July 1, 2001					
CURRENT, LATEST POSS (including ALL options to ex		12/31/2006					
CURRENT MAXIMUM LIAE	SILITY:	\$1,967,225,	252.97				
LATEST POSSIBLE END D (including ALL options to ex	DATE <u>WITH</u> PROPOSED AMI tend)	ENDMENT :	12/31/2006				
TOTAL MAXIMUM COST V (including ALL options to ex	VITH PROPOSED AMENDME tend)	ENT:	\$2,002,211,637.97				
APPROVAL CRITERIA: (select one)	use of Non-Competit	ive Negotiati	on is in the best interest of the state				
	only one uniquely qu	ualified servio	ce provider able to provide the service				
ADDITIONAL REQUIRED (REQUEST DETAILS BELOW	(address ea	ch item immediately following the requirement text)				
(1) description of the pro	posed additional service an	d amendmen	t effects:				

This amendment provides modifications to MCO language including: (1) Faud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period.
(2) explanation of need for the proposed amendment :
This amendment is needed to make above modifications as well as provide funding for additional six month period.
(3) name and address of the proposed contractor's principal owner(s): (not required if proposed contractor is a state education institution)
1407 Union Avenue, Suite 210, Memphis, TN 38104
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request : (required only if the subject service involves training for state employees)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation:
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment
The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A.
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances) SIGNATURE DATE

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RES Numbers	318.66-030			Gontract Number: 25	FA-02-14861-11	:
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2004	\$122,140,879.32	\$ 221,581,261.65			\$	343,722,140.97
2005	\$145,810,850.00	\$ 247,872,250.00			\$	393,683,100.00
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FY: 07		\$196,841,550.00			•	
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2003	\$122,140,879.32	\$ 221,581,261.65	, 		· \$	343,722,140.97
2005	\$122,140,879.32	\$ 221,581,261.65			\$	343,722,140.97
2006	\$ 61,070,439.66	\$ 110,790,630.82			\$	171,861,070.49
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	Nashville, TN (615)532-1362					
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				Pursuant to T.C.A	., Section 9-6-113, I, M	
			前原的原面面层的			tion, do hereby certify that
<b>经不够是现象的</b>	<b>以</b> 多数是自由的数据	12/31/2005		there is a balance	In the appropriation fro	om which this obligation is
FY: 02		\$297,054,062.00			d that is not otherwise a	encumbered to pay
FY: 03		\$342,241,300.00	\$0.	00	way middiffer.	
FY: 04		\$343,722,140.97	\$0.			· · · · · · · · · · · · · · · · · · ·
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	wear	JUNO	11114			
				Pursuant to T.C.A.	, Section 9-6-113, I,	C. Warren Neel,
				Commissioner of F	inance and Adminis	tation, do hereby certify that
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Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel,  Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel,  Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel,  Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.  PY: 04 \$297,054,062.00 \$45,187,238.00  PY: 05 \$297,054,062.00 \$45,187,238.00  PY: 06 \$148,527,031.00 \$22,593,619.00										
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ŘFS Nur	umber:				Contract Number: FA-02-14861-01								
State Ag	Agency: Department of Finance and Administration					Division: Bureau of TennCare							
Contractor Contractor Identification Number													
Memphis Managed Care Corporation (TLC)							□ V- □ C-						
Service Description													
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population													
	" <u> </u>	Contract E	egin Date			Contract End Date							
7/01/01		·		·	•	12/31/05							
Allotmen		Cost Cente			. Fu	nd	Grant	G	rant Code	nt Code Subgrant		Code	
318	3.66	109	134		1.	i	on ST/	AR\$	•				
FY	Sta	State Funds		Federal Funds		oartmenta Inds	Other	Funding	Total Contract Amount (including ALL amendment)				
2002		\$107,897,462	\$1	\$189,156,600						· \$297,05		4,062	
2003		\$107,897,462		189,156,600						\$297,05		4,062	
2004		\$107,897,462	\$	189,156,600		<del></del>		<u> </u>	\$297,054,			4,062	
2005	-	\$107,897,462					:			\$297,054,00			
2006				\$94,578,300					\$148,527,031				
Total:	1.30 p P	\$485,538,579 \$851,204,700						entre de la constant	nt sections of the contract of	\$1,	336,74	13,279	
CFDA#	CFDA# 93.778 Check the box ONLY if the answer is YES:											YES:	
		State Fisca	l Contact	<u> </u>		is the Contractor a SUBRECIPIENT? (per OMB A-133)							
Name: Address:	Dean Daniel 729 Church Street					Is the Contractor a VENDOR? (per OMB A-133)							
Phone:   Nasnville, I N   (615) 532-1362							Is the Fiscal Year Funding STRICTLY LIMITED?						
Proct	Procuring Agency Budget Officer Approval Signature							Is the Contractor on STARS?					
Dean Daniei / Kan James (0/5/0)					is the Contractor's FORM W-9 ATTACHED?								
<del></del>	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~						ls the Contractors Form W-9 Filed with Accounts?						
COMPLETE FOR ALL AMENDMENTS (only)					Funding Certification								
Base Contract & This Amendment Prior Amendments ONLY				Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is									
END	DATE :	<b>&gt;</b>	<del></del>			upt other	ise encumbe	red to pay obli	gations previou	a to pe t	iaid th: red.	11 IS	
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